

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000075199

FILED
Jan 04, 2007
Secretary of State

Entity Name: FIDELITY DEBT CONSULTANTS INC

Current Principal Place of Business:

601 CLEVELAND ST
350
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

601 CLEVELAND ST
350
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 20-2900201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIGIOVANNI, GREGORY F
601 CLEVELAND ST
350
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GREGORY DIGIOVANNI

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: SPREI, BEN
Address: 5187 MONMOUTH AVE
City-St-Zip: LAKEWOOD, NJ 08701

Title: VD () Delete
Name: KARIS, ALEXANDER
Address: 579 SAGAMORE AVE TIDE WATCH 76
City-St-Zip: PORTSMOUTH, NH 03801

Title: SD () Delete
Name: DIGIOVANNI, GREGORY
Address: 601 CLEVELAND ST STE 350
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: KARIS, ALEXANDER
Address: 579 SAGAMORE AVE TIDE WATCH 76
City-St-Zip: PORTSMOUTH, NH 03801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY DIGIOVANNI

SD

01/04/2007

Electronic Signature of Signing Officer or Director

Date